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| FORM PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | ATTORNEY'S DOCKET NO.<br>IT 020010                                  |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | U.S. Application No. (if known, see 37 CFR 1.5)<br><b>10/509452</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/IB03/00933                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | INTERNATIONAL FILING DATE<br>March 11, 2003 | PRIORITY DATE CLAIMED<br>April 2, 2002                              |
| TITLE OF INVENTION<br>WINDOW BRIGHTNESS ENHANCEMENT FOR LC DISPLAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                                                     |
| APPLICANT(S) FOR DO/EO/US<br>Giuseppe PASQUALINI; Carlo CASALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                                                     |
| Applicant(s) herewith submit to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                                     |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).</p> <p>4. <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.</p> <p>5. <input checked="" type="checkbox"/> copy of the International Application as filed (35 U.S.C. 371 (c)(2))</p> <p>a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).</p> <p>b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau.</p> <p>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2))</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))</p> <p>a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).</p> <p>b. <input type="checkbox"/> have been transmitted by the International Bureau.</p> <p>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</p> <p>d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> A translation of the amendment to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> <p>Items 11. to 16. below concern document(s) or information included:</p> <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.</p> <p>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A FIRST preliminary amendment.</p> <p><input type="checkbox"/> A SECOND OR SUBSEQUENT preliminary amendment.</p> <p>14. <input type="checkbox"/> A substitute specification.</p> <p>15. <input type="checkbox"/> A change of power of attorney and/or address letter.</p> <p>16. <input checked="" type="checkbox"/> Other items or information:</p> <p><input checked="" type="checkbox"/> Power of Attorney to Prosecute Application Before the USPTO [PTO/SB/80]</p> <p><input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) [PTO/SB/96]</p> <p><input checked="" type="checkbox"/> Authorization Pursuant to 37 CFR § 1.136(a)(3) and to Charge Deposit Account</p> |                                             |                                                                     |

## CERTIFICATE OF MAILING

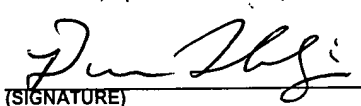
[X] Express Mail Mailing Label No. EV312015102-45

Date of Deposit 9-28-04

I hereby certify that this paper and fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Jeanne Rusciano  
Typed Name

  
Signature

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |            |                                                                          |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|------------|--------------------------------------------------------------------------|----|
| U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>10/509452</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | INTERNATIONAL APPLICATION NO.<br>PCT /IB03/00933 |            | ATTORNEY'S DOCKET NUMBER<br>IT 020010                                    |    |
| 17 [ X ] The following fees are submitted:<br>BASIC NATIONAL FEE (37 C.F.R. 1.492(A)(1)-(5)):<br><div style="margin-left: 40px;">           Search Report has been prepared by the EPO or JPO \$860.00<br/>           International preliminary-examination fee paid to USPTO (37 C.F.R. 1.482) \$690.00<br/>           No international preliminary examination fee paid to USPTO (37 C.F.R. 1.482) but international search fee paid to USPTO (37 C.F.R. 1.445(a)(2)) \$750.00<br/>           Neither international preliminary examination fee (37 C.F.R. 1.482) nor international search fee (37 C.F.R. 1.445(a)(2)) paid to USPTO \$970.00<br/>           International preliminary examination fee paid to USPTO (37 C.F.R. 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) \$ 96.00<br/>           ENTER APPROPRIATE BASIC FEE AMOUNT =         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                  |            | CALCULATIONS (PTO USE ONLY)<br><br><br><br><br><br><br><br><br>\$ 860.00 |    |
| Surcharge of \$130.00 for furnishing the oath or declaration later than [ ] 20 [ ] 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                  |            | \$                                                                       |    |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NUMBER FILED | NUMBER EXTRA                                     | RATE       |                                                                          |    |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7 - 20 =     | 0                                                | X \$ 18.00 | \$ 0.00                                                                  |    |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2 - 3 =      | 0                                                | X \$ 84.00 | \$ 0.00                                                                  |    |
| MULTIPLE DEPENDENT CLAIMS (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                  | + \$280.00 | \$ 0.00                                                                  |    |
| TOTAL OF ABOVE CALCULATIONS =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                  |            | \$ 0.00                                                                  |    |
| Reductions by 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 C.F.R. 1.9, 1.27, 1.28)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                  |            | \$                                                                       |    |
| SUBTOTAL =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                  |            | \$ 860.00                                                                |    |
| Processing fee of \$130.00 for furnishing the English translation later than [ ] 20 [ ] 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |            | \$                                                                       |    |
| TOTAL NATIONAL FEE =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                  |            | \$ 860.00                                                                |    |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                  |            | \$ 40.00                                                                 |    |
| TOTAL FEES ENCLOSED =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                  |            | \$ 900.00                                                                |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |            | Amount to be Refunded                                                    | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |            | Charged                                                                  | \$ |
| <p>a. [ ] A check in the amount \$ _____ to cover the above fees is enclosed.</p> <p>b. [ X ] Please charge my Deposit Account No. <u>14-1270</u> in the amount of <u>\$900.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. [ X ] The Commissioner is hereby authorized to charge any additional fee, with the exception of the Base Issue Fee, which may be required, or credit any overpayment to Deposit Account No. <u>14-1270</u>. A duplicate copy of this sheet is enclosed.</p> <p>NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>SEND ALL CORRESPONDENCE TO:</p> <p>Corporate Patent Counsel<br/>Philips Electronics North America Corporation<br/>P.O. Box 3001<br/>Briarcliff Manor, NY 10510</p> </div> <div style="width: 45%; text-align: center;"> <br/>           (SIGNATURE)<br/>           Dicran Halajian<br/>           (NAME)<br/>           39,703<br/>           (REGISTRATION NUMBER)         </div> </div> |              |                                                  |            |                                                                          |    |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Atty. Docket

GIUSEPPE PASQUALINI et al.

IT 020010

Serial No.

Group Art Unit

Filed: CONCURRENTLY

Ex.

WINDOW BRIGHTNESS ENHANCEMENT FOR LC DISPLAY

Commissioner for Patents  
Alexandria, VA 22313-1450

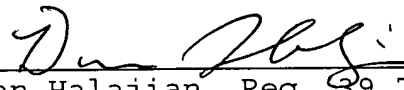
AUTHORIZATION PURSUANT TO 37 CFR §1.136(a)(3)  
AND TO CHARGE DEPOSIT ACCOUNT

Sir:

The Commissioner is hereby requested and authorized to treat any concurrent or future reply in this application requiring a petition for extension of time for its timely submission, as incorporating a petition for extension of time for the appropriate length of time.

Please charge any additional fees which may now or in the future be required in this application, including extension of time fees, but excluding the issue fee unless explicitly requested to do so, and credit any overpayment, to Deposit Account No. 14-1270.

Respectfully submitted,

By   
Dicran Halajian, Reg. 39,703  
Attorney  
(914) 333-9607